

FEB 17 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

2102

## 1. PLACE OF DEATH

County SurgeonRegistration District No. 508

Township

Primary Registration District No. 3026City Belleville (No. 2)

File No. \_\_\_\_\_

Registered No. 14

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

## 5A. IF MARRIED, WIDOWED OR DIVORCED

HUSBAND OF (OR) WIFE OF

Agnis D Jasmier

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept - 9 - 1880

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8136

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Railroadier (Ret)

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

21st

## 10. Date deceased last worked at this occupation (month and year)

## 11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Buffalo New York

## 13. NAME

UNKNOWN Jasmier

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Buffalo New York

## 15. MAIDEN NAME

Nancy F. Jasmier

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

New York

## 17. INFORMANT (ADDRESS)

Agnis D Jasmier Belleville Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Edgewood DATE Jan - 16 - 1937

## 19. UNDERTAKER (ADDRESS)

James Gordon Belleville Mo

## 20. FILED

Jan. 16, 1937 Donald M. Houch, Jr. Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan - 16 - 1937

## 22. I HEREBY CERTIFY That I attended deceased from

Jan 10, 1937 to Jan 15, 1937I last saw him alive on Jan 10, 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Bacterial)

Date of onset

## Other contributory causes of importance:

Chronic interstitial nephritis years agoName of operation N.D.

Date of \_\_\_\_\_

What test confirmed diagnosis? examination Was there an autopsy? Yes

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

## Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify \_\_\_\_\_

(Signed) W. J. Jasmier, M. D.(Address) Belleville Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

